

Family PACT: Laboratory Procedures

This section – geared toward Laboratory providers – includes an overview of the Family PACT (Planning, Access, Care and Treatment) Program, the Health Access Program (HAP), Family PACT benefits, diagnosis and procedure codes. This section also contains select billing instructions.

Family PACT Program Background

The California State budget for fiscal year 1996-97 included an important initiative to promote optimal reproductive health and to reduce unintended pregnancy by lowering barriers that many low-income women and men face in obtaining Comprehensive Family Planning Services (see “Comprehensive Family Planning Defined” in the *Family PACT: Introduction [familyfact1]* section of this manual). As a result of this initiative, the State Department of Health Services (DHS) developed Family PACT, a publicly funded, family planning and reproductive health clinical services program designed to narrow the gap between insured and non-insured women and men in California. The program provides services for women up to 55 years of age at risk for pregnancy and men up to 60 years at risk for causing pregnancy.

Family PACT and Medi-Cal Work Together

Family PACT and Medi-Cal are separate programs. The Family PACT Program is a *Medicaid Waiver Demonstration Project* December 1, 1999 through December 31, 2004 that uses the Medi-Cal billing process to reimburse providers for the services they render.

Medi-Cal recipients are not part of the Family PACT Program, except when:

- There is an unmet Share of Cost on the date of service
- A restrictive service aid code does not include family planning
- There are confidentiality issues

Health Access Programs (HAP)

The Family PACT Program introduced Health Access Programs (HAP), a new concept for special programs at DHS. Family PACT was the first special program to be included in this onsite client enrollment system. A teal-blue-colored HAP identification card identifies Family PACT clients. See the *Family PACT: HAP Identification Card and Activation Process [familyfact8]* section in this manual for more information.

**Laboratory Providers
Need Not Enroll**

There are three primary groups of providers participating in the Family PACT Program: Family PACT enrolled providers, Laboratory providers and Pharmacy providers.

All current Medi-Cal Laboratory and Pharmacy providers are automatically able to bill Family PACT services provided to Family PACT eligible clients.

Family PACT enrolled providers are the physicians' offices, clinics and others who have met the program's enrollment requirements for participation. Enrolled Family PACT providers determine client eligibility and provide Comprehensive Family Planning Services to the program's clients.

Laboratory providers must use the client identification number from the HAP card to submit Family PACT claims or eligibility inquiries in the same manner as for Medi-Cal transactions. Claims for drugs and Family PACT medical supplies may be submitted online, through Computer Media Claims (CMC) submission, or as hard copy claims.

Medi-Cal Pharmacy and Laboratory providers are not required to submit an *Application and Agreement* or to attend an Orientation Session in order to participate and be reimbursed for services rendered to Family PACT clients.

Family PACT Benefits

Family PACT benefits are a pre-selected package of core services for specific family planning methods and related reproductive health services. The benefits package of clinical and preventive services includes procedures, medications and contraceptive supplies. The benefits package is organized by selected diagnosis codes for the following.

- Primary family planning methods
- Secondary Sexually Transmitted Infections (STIs)
- Concurrent Urinary Tract Infections (UTIs) and dysplasia
- Complications of methods or treatment of related reproductive health conditions

**Comprehensive Family
Planning Services**

Family PACT Program benefits are Comprehensive Family Planning Services, including Family PACT approved methods of contraception, sterilization and limited, basic infertility services, as well as Sexually Transmitted Infection (STI) treatment, Urinary Tract Infection (UTI) treatment, HIV screening, cancer screening and dysplasia management related to family planning.

Diagnosis Codes

All Family PACT benefits are for method-specific and related conditions, as defined by the Family PACT Program. Method specific diagnosis codes have been designated to identify the family planning service provided at each visit. These diagnosis codes are categorized as Family PACT primary diagnosis codes, as listed on the following pages. Only Family PACT clinician and Laboratory providers may bill with these diagnosis codes.

All Family PACT clinical and laboratory claims must include a primary "S" diagnosis code. Secondary diagnosis codes are required when billing for treatment and management of a specific STI. Concurrent diagnosis codes are required when billing for the treatment of UTI or dysplasia. See the *Family PACT: Diagnosis Codes Listing [familypact15]* section in this manual.

Procedure Codes

Procedure codes for Family PACT services are restricted to those identified as related to each family planning method. Additional services for related secondary and/or concurrent reproductive health conditions, defined by Family PACT, are billed with ICD-9-CM diagnosis codes. Laboratory services are for females and males as gender specific.

- The Papanicolaou (Pap) smear test is reimbursable only to the provider who performs and reads the Pap smear and issues the written report. Taking a Pap smear sample is considered part of a pelvic examination and is not separately reimbursable.
- Human Papillomavirus (HPV) screening claims must include an attached cytology report of Atypical Squamous Cell of Undetermined Etiology (ASCUS) or Low-grade Squamous Intra-epithelial Lesion (LSIL).

Reimbursement

The reimbursement rates for the Family PACT Program are the same as those for the Medi-Cal program.

**Clients May Not
Be Charged**

Laboratory providers may not request a copayment, donation or other amount in conjunction with the provision of services to Family PACT clients. Clients may not be charged or billed for Family PACT services.

Claim Form Completion

HCFA 1500 claim form: The referring provider must be identified in Box 17A for reimbursement of clinical laboratory services billed by laboratories.

UB-92 Claim Form: All claim fields are completed according to standard Medi-Cal claim form instructions as described in *UB-92 Completion: Inpatient Services* in the Medi-Cal Inpatient Provider Manual.

Fiscal Intermediary

EDS is the Fiscal Intermediary for both Medi-Cal and Family PACT programs. EDS support for Family PACT providers includes:

- Health Access Programs (HAP) Hotline, 1-800-257-6900, for program information including billing questions, HAP card orders, and referrals to regional representatives
- Family PACT regional representatives available for clarification of program policies and instruction about provider enrollment, client enrollment, and claims submission
- All existing Medi-Cal help lines (see the *Family PACT: Communicating With Medi-Cal [familypact42]* section in this manual for more information)

Treatment Authorization Request (TAR): Submission and Timeliness

Medi-Cal standards for *Treatment Authorization Request* (TAR) submission and timeliness apply to Family PACT TARs. Questions concerning Family PACT TAR submissions may be directed to the local Medi-Cal field office. General TAR information is found in the *TAR Overview* section in the Part 1 Medi-Cal provider manual. A complete listing of Medi-Cal field offices, plus submission and timeliness requirements, is found in the *TAR Completion* section in the appropriate Part 2 Medi-Cal manual.

TAR Requirements

Complication services, whether rendered by Family PACT or non-Family PACT clinician and Laboratory providers, require an approved TAR. Providers complete the TAR according to the following Family PACT requirements:

- Enter the Family PACT primary “S” diagnosis, secondary and/or concurrent diagnosis services code in the *ICD-9-CM Diagnosis Code* field.
- Enter “Family PACT client” in the *Medical Justification* field. Remember to explain why the procedure requiring prior authorization is a complication to the Family PACT method.

Note: Non-Family PACT clinician providers must attach a copy of the referral form from the Family PACT provider, along with documentation justifying the medical necessity of the rendered services.

All other fields are completed according to standard Medi-Cal TAR form instructions as described in *TAR Completion*, in the appropriate Part 2 Medi-Cal provider manual.

Ordering providers must inform the Laboratory provider of the primary “S” code, secondary, and concurrent ICD-9-CM diagnosis codes. Refer to the *Family PACT: Diagnosis Codes Listings [familypact15]* section in this manual.

Questions and requests for additional information may be directed to the HAP Hotline at 1-800-257-6900.

Diagnosis Codes Overview

Family PACT is a program with a focus on family planning and reproductive health. Benefits are limited to defined services for specific family planning methods and selected related reproductive health conditions.

Note: Reimbursement is available only for those services and codes identified by the program and included in this manual.

Family PACT has a unique “S” code system for primary family planning services. The system has numeric codes to designate method specific services; there is a primary diagnosis “S” code for each family planning method. These codes are used to identify benefits to the core and complication services covered by the program.

Note: A Family PACT “S” code is required to receive reimbursement for each medical and laboratory claim. The “S” code must be used. Providers do not use the Medi-Cal “V” code.

Claims for management and treatment of secondary and concurrent condition services require an additional diagnosis code. Traditional ICD-9-CM codes are used in addition to the “S” code to claim services for secondary or concurrent conditions. ICD-9 codes have been selected by the program to identify conditions included as Family PACT benefits.

Note: The ICD-9-CM codes other than the ones listed in this manual are not part of the benefits package.

Services for secondary and concurrent conditions are a program benefit only when incident to a primary family planning method. There must be documentation of the relationship to ongoing method management and successful method use.

Note: The appropriate primary “S” code diagnosis must be on all claim forms to obtain reimbursement for all clinician and laboratory services.

PRIMARY DIAGNOSIS “S” CODES FOR FAMILY PLANNING SERVICES

Primary Diagnosis All Family PACT medical and laboratory claims must be billed with one of the following Family PACT primary diagnosis codes. This includes the use of the complication “S” code when billing for method-specific complications or complications of secondary STI treatment, concurrent UTI or dysplasia treatment.

Claim Form Completion Medi-Cal policies for use of codes and the completion of the HCFA 1500 and UB-92 claim forms apply unless stated otherwise in this document.

HCFA 1500 claim form: Enter the primary diagnosis in the *Diagnosis or Nature of Illness or Injury* field (Box 21.1).

UB-92 Claim Form: Enter the primary diagnosis in the *Principal Diagnosis Code* field (Box 67).

Family PACT primary diagnosis codes are categorized and restricted as follows:

<u>Diagnosis Code</u>	<u>Restriction</u>
S10.1 – S40.33	Females
S50.1 – S50.31	Males and females
S60.1 – S60.2	Females
S70.1 – S70.34	Females
S80.1 – S80.33	Males
S90.1 – S90.2	Males and females

Note: When billing for services, the decimal point is omitted from the “S” code on the claim form.

Contraception

Oral	Diagnosis	
	<u>Code</u>	<u>Description</u>
	S10.1	Oral Contraception – Evaluation <u>prior</u> to Method With or Without Initiation of Method
	S10.2	Oral Contraception – Maintain Adherence and Surveillance
	S10.3	Oral Contraception – Complication: Related Condition Treatment Complication
	S10.31	Method Specific Deep Vein Thrombosis

Note: Laboratory services are for females and males as gender appropriate. Services for Urinary Tract Infection (UTI) are not available to males; services for concurrent conditions are restricted to females.

Contraceptive Injection	Diagnosis	
	<u>Code</u>	<u>Description</u>
	S20.1	Contraceptive Injection – Evaluation <u>prior</u> to Method With or Without Initiation of Method
	S20.2	Contraceptive Injection – Maintain Adherence and Surveillance
	S20.3	Contraceptive Injection – Complication: Related Condition Treatment Complication
	S20.31	Method Specific Heavy Vaginal Bleeding

Implant	Diagnosis	
	<u>Code</u>	<u>Description</u>
	S30.1	Contraceptive Implant – Evaluation <u>prior</u> to Method With or Without Initiation of Method
	S30.2	Contraceptive Implant – Maintain Adherence and Surveillance (Including Removal/Reinsertion)
	S30.3	Contraceptive Implant – Complication: Related Condition Treatment Complication
	S30.31	Method Specific Missing or Deep Capsule
	S30.32	Method Specific Insertion/Removal Site Infection
	S30.33	Method Specific Insertion/Removal Site Hematoma
IUC	S30.34	Method Specific Capsule Expulsion
	S30.35	Method Specific Heavy Vaginal Bleeding
	Diagnosis	
	<u>Code</u>	<u>Description</u>
	S40.1	Intrauterine Contraceptive (IUC) Evaluation <u>prior</u> to Method With or Without Initiation of Method
	S40.2	IUC Maintain Adherence and Surveillance
	S40.3	IUC Complication: Related Condition Treatment Complication
Barriers and Spermicide (Both Females and Males)	S40.31	Method Specific Pelvic Infection (Secondary to IUC)
	S40.32	Method Specific “Missing” IUC
	S40.33	Method Specific Perforated or Translocated IUC
	Diagnosis	
	<u>Code</u>	<u>Description</u>
	S50.1	Barriers and Spermicide – Evaluation <u>prior</u> to Method With or Without Initiation of Method. Includes Fertility Awareness Methods/ /Lactation Amenorrhea Method
	S50.2	Barriers and Spermicide – Maintain Adherence and Surveillance
	S50.3	Barriers and Spermicide – Complication: Related Condition Treatment Complication
	S50.31	Method Specific Severe Skin/Tissue Reaction

Pregnancy Testing

Diagnosis <u>Code</u>	<u>Description</u>
S60.1	Pregnancy Testing
S60.2	Confirmation of Pregnancy Test Results (With Physical Examination)

Note: If the client chooses no family planning method, bill the pregnancy testing visit using the primary diagnosis code of either S60.1 or S60.2.

If the client chooses a family planning method, bill the visit and the pregnancy testing using the primary diagnosis of the client's method (for example, if the client leaves the clinic with oral contraceptives, bill the visit and the pregnancy testing using the primary diagnosis code of S10.1).

SterilizationFemale Bilateral Tubal
Ligation (BTL)

Diagnosis <u>Code</u>	<u>Description</u>
S70.1	BTL – Screening and Evaluation
S70.2	Surgical Procedure
S70.3	BTL – Complication: Related Condition Treatment Complication
S70.31	Method Specific Anesthesia Complication: Hospitalization
S70.32	Method Specific Abdominal Injury – Laparotomy or Laparoscopy (Within 30 Days Post-Operative)
S70.33	Method Specific Operative Site or Pelvic Infection (Within 30 Days Post-Operative)
S70.34	Method Specific Pre-Operative Evaluation (TAR Prospective)

Male Vasectomy

Diagnosis

CodeDescription

S80.1	Vasectomy – Screening and Evaluation
S80.2	Surgical Procedure
S80.3	Vasectomy – Complication: Related Condition Treatment Complication
S80.31	Method Specific Testicular/Spermatic Cord Hematoma, or Hemorrhage (Within 30 Days Post-Operative)
S80.32	Method Specific Operative Site Acute Infection (Within 30 Days Post-Operative)

**Infertility
(Males and Females)**

Diagnosis

CodeDescription

S90.1	Fertility Evaluation: Initiation of Fertility Awareness Methods (FAM)
S90.11	Female
S90.12	Male
S90.13	Couple
S90.2	Infertility Management
S90.3	Infertility Complication: Related Condition Treatment Complication

SECONDARY DIAGNOSIS CODES: ICD-9-CM FOR STI TREATMENT AND MANAGEMENT

Secondary Diagnosis

In addition to the primary diagnosis of the Family PACT “S” code, Family PACT medical and laboratory claims for the treatment and management of a specific STI must include one of the following secondary diagnosis codes that is appropriate to the procedures billed.

Note: Screening laboratory procedures designated by the program for each STI are included with a Family PACT primary diagnosis.

ICD-9-CM

<u>Code</u>	<u>Description</u>
098.0 – 098.89	Gonorrhea
099.4 – 099.59	Chlamydia
614.0 – 614.9	PID
112.1, 131.00 – 131.09, 616.0 – 616.9	Vaginitis/vaginal discharge
091.0 – 097.9	Syphilis
054.10 – 054.19	Genital herpes
078.0 – 078.19	Genital warts

Claim Form Completion

HCFA 1500 claim form: Enter the secondary diagnosis in the *Diagnosis or Nature of Illness or Injury* field (Box 21.2).

UB-92 Claim Form: Enter the secondary diagnosis in the *Other Diagnosis Code* field (Boxes 68 – 73).

Note: To obtain reimbursement for services provided for more than one secondary condition submit an additional claim form with the ICD-9-CM code and the primary “S” code diagnosis.

CONCURRENT DIAGNOSIS CODES: ICD-9-CM FOR UTI AND DYSPLASIA TREATMENT AND MANAGEMENT

Concurrent Diagnosis When Family PACT claims include the treatment of UTI or dysplasia, whether or not there is a STI secondary diagnosis, the UTI and/or dysplasia is considered a concurrent diagnosis.

Note: Services for concurrent conditions of UTI and/or dysplasia are limited to females only.

ICD-9-CM	
<u>Code</u>	<u>Description</u>
099.40 – 099.49, 595.0, 595.2, 595.3, 597.0 – 597.89, 599.0	UTI
622.1	Dysplasia

Claim Form Completion *HCFA 1500* claim form: Enter the appropriate code in the *Reserved For Local Use* field (Box 19). Do not enter the UTI or dysplasia diagnosis as a secondary diagnosis.

UB-92 Claim Form: Enter the appropriate code in the *Remarks* area (Box 84). Do not enter the UTI or dysplasia diagnosis as a secondary diagnosis.

Note: The *Diagnosis or Nature of Illness or Injury* fields (Boxes 21.1 and 21.2) on the *HCFA 1500* and the *Principal Diagnosis Code* fields (Boxes 67 – 73) on the *UB-92 Claim Form* are reserved for Family Planning Diagnosis (primary) and STI (secondary).

Screening laboratory tests for STI/HIV and UTI are included with a Family PACT primary diagnosis. See the *Family PACT: Clinical Services Benefits Grid [familypact18]* section in this manual for additional information.